

COMPREHENSIVE PERINATAL SERVICES PROGRAM INDIVIDUALIZED CARE PLAN

Patient Name: _____ DOB: _____

Case Coordinator's Name _____ Medical Record # _____

| | | | |
|------|--|---|----------------------------|
| DATE | STRENGTHS IDENTIFIED/SUPPORT AVAILABLE (circle all that applied) | | |
| | <div> <div>1. High school education</div> <div>2. Support system</div> <div>3. Motivated</div> <div>5. Emotionally stable</div> <div>6. Adequate shelter/clothing</div> <div>7. Employed</div> </div> <div> <div>8. Financially stable</div> <div>9. Adequate transportation</div> <div>10. Adequate food</div> <div>11. Refrigerator/stove</div> <div>12. Ability to cope</div> <div>13. Experience/knowledge of pregnancy/delivery/infant care/parenting</div> </div> <div> <div>14. Ability to comprehend and make decision</div> <div>15. Interest/willingness to participate in individual/group classes</div> <div>16. Other: _____</div> </div> | | |
| | <div>Gravida _____ Para _____ EDC _____</div> | | |
| DATE | (re)assessment PRIORITIZED PROBLEM/NEED RISK CONDITIONS | INTERVENTION PLANNED (outcome objectives, methods, time frame, referrals, person responsible) For: OBSTETRIC, NUTRITION, PSYCHOSOCIAL, HEALTH EDUCATION | EVALUATION Date/outcome |
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SAMPLE PROBLEM/NEED LIST

Obstetrical

1. Hx. of C-Section/Uterine Surgery
2. Hx. of Incompetent Cervix
3. Hx. of <2500 gram infant
4. Hx. of >4000 gram infant
5. Hx. of Stillbirth
6. Hx. of Preterm birth (<36 weeks)
Or SGA (Wt: _____)
7. Hx. of neonatal death
8. Hx. of abnormal infant
9. Hx. of DES exposure
10. Hx. of hospitalization(s)
11. Preg. Interval <1 year
12. Genetic risk
13. Hypertension/chronic
14. Pregnancy induced hypertension
15. Cardiovascular disorders
16. Diabetes, pre-existing, Type 1
17. Diabetes, pre-existing, Type 2
18. Diabetes, gestational this pregnancy
19. Hx. Gestational diabetes (insulin/diet controlled)
20. Chronic renal disease
21. GI disorders
22. Seizure disorder
23. Hypo/Hyperthyroid
24. Pulmonary Disease/TB
25. Hepatitis B (date pos. test _____)
26. Dysplasia/GYN malignancy
27. Anemia/Hemoglobinopathy
28. Multiple gestation
29. Rh hemolytic disease
30. HIV risk
31. STD: _____
32. Vaginal bleeding started
@ _____ weeks
33. Substance use/abuse _____
Alcohol (_____ drinks/week)
Cigarettes (_____ cigs/day)
Smokeless tobacco _____
Illicit drug(s) _____

Nutrition

1. Anemia
2. Hypovolemia
3. Abnormal glucose
4. Previous obstetrical complications
5. Underweight (<90% desirable wt.)
6. Moderately overweight (>120% desirable wt.)
7. Very overweight (>135% desirable wt.)
8. Inadequate wt. Gain during pregnancy
9. Excessive wt. Gain during pregnancy
(>6.5 lbs/month)
10. Less than 3 years since menarche
11. High parity
12. Short interpregnancy interval
13. Currently breast feeding
14. Low income
15. Substance Abuse
- OTC medicine _____
- Vitamin /min. supplement _____
- Caffeine _____

SAMPLE PROBLEM/NEED LIST

Psychosocial

1. Excessive worries/fears regarding damage to self during pregnancy; fears related to fetus; fear of dying during labor; fears of inability to parent; etc.
2. Extreme difficulty or resistance to complying with medical recommendations or restrictions.
3. Severe emotional problems.
4. Previous pregnancy loss; fetal demise, TAB, SABS, miscarriage, etc.
5. Pregnancy complicated by detection of fetal anomaly.
6. Previous psychological history of depression, suicidality; psychosis, hospitalization.
7. History or current indications of domestic violence.
8. Frequent somatic complaints for which no diagnosis can be found.
9. *Excessive* difficulty coping with crisis that interfere with self care.
10. Ambivalence, rejection, or denial of pregnancy after 20 weeks gestation.
11. Perception that pregnancy will cause the mother permanent physical harm or damage.
12. *Unrealistic* positive or negative feelings about pregnancy/motherhood/parenthood.
13. Lack of resources to assist in maximizing pregnancy, labor and delivery, and parenting (e.g., lack of financial resources, medical insurance, transportation, food, clothing, shelter for self and newborn).
14. Relationship discord or absence of a support person.

Health Education

1. Substance use (smoking; alcohol; prescription, over-the-counter, and street drugs; home remedies).
 2. HIV risk status
 3. Noncompliance with medical advice
 4. Failed appointments
 5. Age less than 17 or greater than 35
 6. Late initiation of prenatal care
 7. Primigravida or multi-gravida with five or more.
 8. Previous pregnancy problems
 9. Nutritional status
 10. Occupational risk
 11. Diabetes
 12. Hypertension
 13. Cardiovascular problems
 14. Hepatitis
 15. Tuberculosis
 16. STD history
 17. Uterine problems
 18. Kidney problems
 19. Pulmonary disease
 20. Epilepsy
 21. Blood problems
 22. Preterm labor
 23. Preeclampsia
 24. Mental disabilities
 25. Physical disabilities (speech problems, severe hearing or vision problems).
 26. Inability to read or write or low reading level
 27. Incompatible language between client and provider.
 28. Low education level
 29. Low motivation or interest
 30. Negative attitude about pregnancy
 31. Little or no experience with U.S. health care
 32. Lack of social support structure
 33. Inability to reach decisions or comprehension difficulties.
 34. Extreme anxiety or emotional problem (fear, denial, excessive shyness).
 35. Conflict scheduling class times
 36. Transportation
 37. Family problems/abuse
 38. Economic/housing problems
- Informed Consent Needs* regarding any medical procedures or tests about which the client will need education and counseling.
- Combination of other medical conditions, behaviors, barriers to learning and/or other factors.